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## CASE OF ERYTHEMA TUBERCULATUM ET ŒDEMATOSUM.

[Read before the Boston Society for Medical Improvement, by SILAS DURKEE, M.D., and communicated for the Boston Medical and Surgical Journal.]

PATIENT, Mrs. Capen, of South Boston. Age, 47 years. Born of healthy parents, and always lived in Massachusetts. Was married at the age of 19, and was the mother of six children. They are all living but one, which died at the age of four months. Her mother is still living, at the age of more than 70 years. Her father died at sea of an injury.

Patient was above the medium size, stout built, dark complexion, black hair, black eyes; temperate, and otherwise of good moral character. Never had any unusual trouble connected with child-bearing, nor any catamenial derangements worth mentioning. She first consulted me about the middle of July, 1855. There was then one tubercle situated on the inside of the left leg, midway between the knee and the ankle. It was one inch in diameter at the base, and elevated one third of an inch above the surrounding skin. It was of a deep red color, was perfectly round, and slightly elastic to the touch. It was not painful. It began to show itself in the month of March previous, making about four months before I saw it. There were from eight to ten papulæ irregularly distributed in the immediate neighborhood, and varying in size from mere dots to a pin's head; and two or three small tubercles of the bigness of a split pea near the inner malleolus. The appearance of the papules and the tubercle corresponded with the description and plate which may be found under the head of *Erythema papulatum et tuberculatum* in the "Illustrations of Cutaneous Diseases," by Robert Willis, London, 1841.

The leg and foot were somewhat swollen and œdematous. The general health was impaired. The woman had a poor appetite; looked thin and pale; and complained of severe constipation and debility. Pulse 65 and feeble.

She stated that on the 4th of March, 1853, her right thigh was amputated in consequence of a disease on the right leg like that

which occupied the left leg at the time I saw her in July. Both legs and feet had been more or less swollen, especially in warm weather, for six or seven years previously to the amputation. The tubercles on the right leg had existed eight months before the surgical operation was performed. They were fused together in one large mass, according to the patient's statement, and covered a portion of integument on the middle of the leg nearly as large as her hand. She had a favorable recovery from the operation, and for eighteen months afterwards enjoyed health. The malady never showed itself in the stump. The left leg was free from disease at the time the thigh was removed.

Such is the report furnished by the patient at my first interview with her. Circumstances beyond my control prevented me from seeing her again until

Sept. 29, 1855.—At this time I visited her with her medical attendant. Found the foot and leg more swollen and œdematous than when I saw her in July; and more than one hundred papules and tubercles were developed upon the leg. Some of them were entirely separated from others; some in close proximity at their bases, and some had coalesced into one common mass, especially in the neighborhood of the first original tubercle. This aggregation of tubercles covered a surface nearly equal to the palm of my hand; and was elevated at some points one inch above the integument. Before any topical remedies had been applied, excepting the most simple, large sloughs had been cast off from this tuberculoid growth; and thus a cavity had been produced, one inch in length, one third of an inch wide, and extending beneath the base of the tubercles into the subjacent integument. There was no purulent or serous discharge from this deep opening; and the patient stated that there never had been. I learnt from the medical attendant that he had sprinkled bichloride of mercury upon portions of this large group of tubercles for the purpose of producing suppuration—an event which did not take place. He also stated that he had, with the same end in view, applied a solution of the nitrate of silver,  $\mathfrak{z}\text{iii}$ . to  $\mathfrak{z}\text{i}$ ., but that no suppuration had been produced. The patient stated that from the time these local means were used, the limb became more painful, and that the disease advanced with greater rapidity than before.

The largest isolated tubercle was imbedded in the skin just above the inner malleolus. It was more than an inch in diameter, and elevated half an inch. It had acquired this growth in about three months. The integument of the outer portion of the leg was at this date nearly free from tubercles and papulæ. The most minute specimens of the latter could be felt in the substance of the skin before they had scarcely risen above its surface. They were perfectly hard at this stage of their development, and of a bright red color. On the summit of some of them the intensity of the red tint was a little obscured, as if the cuticle had been thickened or partially detached from the derma. By pressing them with the point of the finger,

the color disappeared, and on the removal of the pressure it was quickly restored.

The hairs had fallen out from the whole integument of the limb excepting an irregular islet or patch, about five inches in length and from two to two and a half inches in breadth, on the outer aspect of the lower part of the thigh and the upper part of the leg. Upon this district of skin most of the hairs were firmly retained in their sheaths until the patient died, although in other respects it was the seat of the same morbid changes that were displayed in its vicinity. All the follicles from which the hairs had escaped were congested just sufficiently to attract attention; and by drawing the finger over the skin many of them felt distinctly hard and solid; in others the diseased action had been too feeble to produce such a condition, except to a very slight degree.

October 5, 1855.—Mrs. C. became my patient. I spared no pains to watch the morbid growths that were evolved upon the dermoid tissue through all their transformations, which were in a high degree interesting.

Three days before I took charge of the case, the attending physician applied a solution of nitrate of silver to many of the tubercles and to the intervening integument. Vesication was thus produced, and to-day the serum is escaping from beneath the broken cuticle and flowing in various directions over the limb. The swelling and œdema of the parts have increased since I last saw the patient; and she complains of more pain. The skin throughout nearly the whole range of the outside of the leg, where no nitrate of silver had been applied, and where no papules were developed, had a polished, shining appearance, with a bright scarlet color; and the condition of the limb, apart from the tubercles, answered to the description given by Dr. Good of *Erythema œdematosum*, or to what Professor Wilson calls *Erythema læve*. The redness vanished at once on pressure, and returned the moment pressure was removed. The intumescence of the foot, occasioned by the infiltrated fluid into the subcutaneous cellular tissue, was very great, extending even to the ends of the toes; but the color of the skin, below the ankle, had not as yet undergone any change. To me it seems no misnomer to say that two varieties of erythema existed in the present instance; that is, *erythema œdematosum* and *erythema tuberculatum*. The latter variety, however, furnished by far the most interesting features of the case.

The order of things in the progress of abnormal action, so far as relates to the tubercles, appeared to be this: First, there was defective nutrition of the hair pulp, or matrix; and hence the falling out of the hairs, or alopecia. The next phenomenon was a congestion of the plexus of capillaries of the proper hair sacs or follicles,\* and this congestion constituted the minute red point or papule; and an aggregation of papules constituted a tubercle.† In many speci-

\* Vide Kölliker—Manual of Human Histology. Vol. I., p. 183.

† Vide Wilson on the Skin. Also Willis.

mens the individuality of the papulæ which were associated together in the formation of tubercles, was distinctly preserved until the latter reached their full maturity, and gave to them a slightly mammillated or dotted surface, which bore, in this particular, some resemblance to a red raspberry a little flattened. In other instances, the tubercles, especially before they had acquired their maximum size, presented a smooth, glossy surface; and in these the mammillated appearance was nearly wanting.

Generally speaking, the tubercles were from one fourth to one third of an inch in diameter when at their full development. A few specimens, however, were three fourths of an inch in diameter and half an inch above the level of the skin. They were of a dark red or purplish color, soft and elastic to the touch, and required for their maturity from eight to twelve weeks. Some of them, after they had ceased to increase in height, continued to augment by peripheral growth at the base.

One papule appeared upon the very end of the great toe. In ten days it grew as large as twice a mustard seed, after which it began to diminish, and in five or six days more was gone.\*

Oct. 20, 1855.—Patient reports that there is a constant dripping of watery fluid, occasionally tinged with blood, from the deep cavity already spoken of as having been produced by the sloughing of the large tuberculoid mass; and the mass itself is flattening down and diminishing in size. No abatement of swelling or pain in the limb.

Small bullæ or vesicles formed upon the top of most of the nodules.† In four or five days the serum would burst through the cuticle; and it continued to ooze out for some ten or fifteen days. The daily amount of serum from any single tumor was comparatively trifling; but the aggregate quantity from the whole limb amounted some days, when most copious, to two or three ounces. No inconsiderable proportion of this, however, appeared to come from the excavation connected with the large aggregation of tubercles just alluded to. After the serous exudation had somewhat diminished in any individual tubercle, other changes soon took place. Its summit, which until now had been of a rounded form, began to flatten, and in a few days more became concave; and this condition proved to be the commencement of the putrefactive decomposition and

\* The anatomical distribution of the vessels of the part affords an explanation of this phenomenon. A single arterial twig is divided so as to supply quite a number (twenty or thirty) of the cutaneous papillary loops with blood, which is afterwards poured into one common venous ramus. When these vessels, as in cases of impeded circulation, are abnormally distended with blood, the entire group of congested papillæ will present the appearance of a single minute red point; and if the disturbance of the circulation extends to the contiguous papillary groups, the red spot will be greater or less according to the number of papillæ involved in the congestion. Vide Wedl's Pathological Histology, p. 208.

† Dr. D. H. Bulkley reported a case of Erythema papulatum in the *New York Lancet* for 1843, page 363. He states that vesicles formed on the summit of some of the papulæ that appeared on the patient's face.

He also mentions the peculiar purplish discoloration of the skin in the same case, giving to the part the appearance of having been bruised.

Gibert also speaks of the formation of vesicles or bullæ on the summits of erythematous papulæ, &c. See Gibert, pages 72 and 74.



wasting away of the tubercles. This process of decay, which produced a peculiar mawkish odor, was very gradual, so that the larger lumps and masses required from eight to ten weeks for their obliteration. In some instances, as the cones began to diminish, their apex, now denuded of cuticle, began to assume a greyish or whitish appearance. This was usually due to the combined presence of pus and epithelium; and occasionally it was produced by epithelium alone. Sometimes the latter had a dirty-gray color, and was transformed into a soft pultaceous substance. It would slip one side when touched with the probe, and in order to obtain a bit for microscopic examination, it had to be cut with scissors. At other times the epithelium thus lying in the cavity of the tumors, was in a fluid state.

The quantity of pus elaborated during the three months of my attendance upon the case was certainly microscopic; and ulceration, in the ordinary use of the word, did not take place. This fact, in connection with erythema tuberculatum, is mentioned by Prof. Wilson (p. 142). He states that the tubercles have no tendency to suppurate or ulcerate. But, in the case before us, we have the co-existence of erythema œdematosum also; and Dr. Good, speaking of this species of erythema, says: "There is no difficulty in determining why œdematous inflammation should rarely, if ever, produce suppuration. Suppurative inflammation is, generally speaking, the process of a healthy part or habit taking place instinctively for the purpose of removing something that is dead, irritating or otherwise mischievous, and of filling up the space hereby produced with sound living matter. In œdematous inflammation the part or habit is unhealthy and debilitated; and hence while there is necessarily less tendency to suppuration, there is less power of recovery." Erythema œdematosum is the œdematous inflammation of John Hunter, who says that it seldom or never produces suppuration.—(*Hunter on the Blood*, Part II., Ch. II., Sect. VIII.)

In the case under consideration the whitish substance which reposed on the summit of the tubercles, and which, while *in situ*, bore a close resemblance to purulent deposit, consisted almost wholly of detrital matter; that is, of epithelial scales—solitary specimens of which were in a perfect state, and the rest in a broken down and decomposed condition. Pus globules were also found, although not in all cases, even with the aid of the microscope. But admitting that pus had always been found, the fact would not impair the statements of Wilson, Good and Hunter, and for the very reason that the quantity was microscopic. I think it is truth to say that the amount of purulent matter from July to January was not equal to one ounce from the entire limb.

It was by a slow process of sphacelation that some of the principal lumps, including the large mound of tuberculoid deposit, were finally obliterated; and a morbid action similar to that which destroyed them was excited in the subjacent tissues, and destroyed

a portion of the derma just above the inner ankle as large as a penny, and a still larger amount of integument higher up on the inside of the leg. The texture of several other smaller portions of skin that was beset with tubercles, was also invaded in a like manner, and partial destruction brought about, as was seen at the autopsy.

Another fact to be mentioned in this connection is the condition of the epidermis. On the 10th of November the integument of the leg began to assume a dark color, as if it had been stained with a solution of nitrate of silver, although none had been used for forty days. The color continued to deepen from day to day until it became nearly black. The cuticle remained quite adherent after it had acquired its darkest hue; it could, however, be detached from the derma in small lamellæ or flakes as the parts were washed from time to time in chlorinated water. When dry, it was as thick as very stout writing-paper, and was very brittle. Under the microscope it appeared to be entirely disorganized, except where its under surface was attached to the cutis. Here a few epidermic scales were found in a normal state. On several occasions I examined the tissue now under consideration, and always found the above-named appearances. The cuticle cracked in all directions and afterwards exfoliated,—but was reproduced in a few days, and thus the leg looked as if covered with black scales. I attach importance to the singular condition of the cuticle in this case, because I find a kindred phenomenon mentioned in the *Revue Medicale* for the year 1829 (pages 126 and 127), in an article descriptive of an epidemic which prevailed in Paris the previous year, and which puzzled the medical savans of that day and that city. Some called it one thing, some another. The most constant and apparent symptoms were developed upon the extremities. Cazenave finally decided that the malady was an erythema. The palms of the hands and the soles of the feet were particularly involved. The disease always passed into a chronic state, and lasted many weeks or months. Among other things it is stated that the epidermis was thickened and peeled off in flakes more or less extensive;\* sometimes it was raised by a slight serous exudation, and sometimes large vesicles formed. It is also stated that the plates of dried epidermis were of a dark brown, as if it had been colored by a feeble solution of nitrate of silver.

But to return to my patient. By the 20th of November the anasarca distension of the foot and leg began to subside, and the patient experienced great relief from pain. The limb continued to yield a serous discharge from numerous places with as much freedom as ever, until the 20th of December, by which time the quantity began to diminish, and by which time, also, the leg was reduced to nearly its natural size. During the ten days previous to death, the quantity of serum did not amount, by estimate, to more than four or five drachms for each twenty-four hours.

\* See Burgess on Eruptions of the Head, Face and Hands, page 213.

Tubercles continued to be evolved, one after another, in pretty rapid succession, until not only the leg, but a large part of the integument of the thigh, was covered with them. Upon the latter they were comparatively of recent origin; nor did they pass through the various metamorphoses which marked those of earlier growth upon the inferior portion of the limb. Those above the knee had, in most instances, an oval shape, with a base equal to the disc of a very small bean, and were raised but slightly above the skin. Other specimens were still smaller, and belonged to the papulate, rather than to the tuberculate variety of erythema. A few papulæ appeared on the dorsum of the foot. These, like the ones that were seated upon the thigh, appeared at a late day and consequently had not time to accomplish the entire cycle of development and decay which characterized the large tubercles on the legs.

Three weeks immediately preceding death, all the tubercles then existing, became very much flattened, and formed a striking contrast to the bold outlines which they presented at the time the artist was employed to take drawings of them (Oct. 11th). On and after the 22d of December, cerebral symptoms were present. Patient ceased to recognize her friends except now and then; was rather stupid, although she could be roused so as to speak a few words; no paralysis of the vocal organs; no complaint of pain or suffering; said she could see scarcely any, and it seemed to her as if it was night all the time; pupils much dilated. I frequently asked her if she knew me; she would reply in the affirmative, but almost always gave the wrong name. The first thought I had that any cerebral affection had set in, was suggested by a singularly vacant stare which she exhibited—as if her vision were imperfect.

At the *post-mortem* examination, five or six of the tubercles were about one fourth of an inch above the skin, while nearly all the rest had so far disappeared as to be scarcely perceptible above the surface, and gave to it a mere knobby or rough aspect.

During the height of the swelling and the pain consequent upon it, the patient required the free use of opiates, both internally and externally. For the last eight weeks of life, she lost all relish for food. Her pulse ranged from 100 to 108; tongue always remained clean. For four weeks before death she had great dyspnœa, severe gastric distress and frequent vomitings, and she preferred the sitting posture to any other. On the second day of January she died, greatly emaciated.

Dr. Henry G. Clark saw the patient several times with me in consultation; and I deem it not improper to state that he agrees with me in the diagnosis and in the foregoing account of the case.

In regard to treatment, I can only say it was eminently simple. From the beginning it was but too evident that nothing could be done to stay the progress of the malady; and the only course we could pursue was to study the comfort of the patient as far as possible, and to see that no injury was done by the interference of quacks and other officious persons.

The diseased limb was the only part we were allowed to examine after the death of the patient. Some of the *post-mortem* appearances have already been spoken of. *Above the knee* the skin was of a dirty livid color. Scarcely a trace of tubercles was to be seen. The only mark which indicated the spots where they had existed, consisted in the peculiar shrivelled or collapsed condition of the cuticle, from beneath which the tubercles had disappeared a few days before death. The integument of this portion of the limb was thickened to a moderate degree—say from a line to a line and a half.

*Below the knee*, the skin had a very dark reddish brown color; or a deep brown with a purplish tint. So far as relates to the mere color of this portion of the limb, a very tolerable representation of it may be seen in the London edition of Bateman's *Delineations of Cutaneous Diseases*, Plate XXXI.

Dr. Ellis made several longitudinal sections through the integument, extending from the upper portion of the tendo Achillis several inches along the external gastrocnemius muscle. Blood followed the track of the knife quite freely. The derma was much congested. It varied in thickness from four to six lines by accurate measurement. It was thickest at the upper part of the leg. The line of demarkation between the derma and the subcutaneous cellular tissue was well defined. The substance of the muscular tissue was œdematous, and extremely tender, so that in handling it for examination it was easily torn. The transverse striations were brought out in some specimens that were examined with the microscope; in others, none could be found. The cavity spoken of in connection with the large mass of tubercles, was found to have extended itself in different directions between the derma and the subjacent cellular membrane so as entirely to separate them. This space or cavity was filled with bloody serum.

The following report of the microscopic appearances of the morbid products, from time to time, was furnished by Dr. B. S. Shaw :

[Fragments taken from the surface of the nodular masses, and the purulent fluid from the cavities in the centre of the larger elevations, were several times microscopically examined, during the progress of the disease. The fragments proved to be composed of *epithelium*, nucleated, in large, flat scales, and in some the epithelium was very granular and evidently in process of decomposition. The matter in the cavities was *pus*, presenting, in every instance but one, well-marked nuclei upon the application of acetic acid.

On microscopic examination of the parts removed at the autopsy, the following appearances were found.

The *epidermis* was composed, externally, of scaly epithelium, as in the normal condition; deeper, and in connection with the dermis, the epithelium was more or less globular, all the cells nucleated, many of them quite small, as in young epithelium, and accompanied by a large quantity of free nuclei. This deeper part of the epidermis was infiltrated with a serous fluid, which would account for the approximation to the globular form in the epithelium.

The thickened *dermis* was composed of the normal tissues, a great portion of it being more or less interspersed with fine granulations. In some of the reddened portions, blood globules were numerous, and in other parts the coloration seemed to be due to an infiltration of red coloring matter. The *cellular* and *adipose* tissues presented no well-marked microscopic deviation from their normal character, though their appearance to the naked eye was not natural; except, that in the *cellular tissue* as well as in the *dermis*, were large numbers of *free nuclei*, generally oval, pale and free from granulations, and containing very large and pale nucleoli. These nuclei resembled very much some of those contained in the deeper part of the epidermis, and in some of the epithelium cells, though they were generally more oval, somewhat larger, and enclosed larger nucleoli. They varied so much in size that no just estimate of their diameter could be obtained by measurement. Many of them were of the size of and resembled cancer nuclei, but the indistinctness of their contour, and the paleness of their nucleoli (the highly-refracting properties of the cancer nucleoli being absent), seemed to distinguish them from cancer. Very few cells were found accompanying them, and these were very indistinct. To classify these nuclei under the name of cancer, epithelium or other term, would seem at present impossible.

The *muscular* tissue immediately beneath the seat of disease, was degenerated, consisting of granulated fibres, presenting only here and there traces of striæ.]

The case in question is one of rare occurrence and rare interest. To my mind it sheds important light upon several others of a kindred nature that have been presented to the consideration of this Society; and in relation to which no little doubt and obscurity have prevailed. And especially do I regard it as substantially the same as that of Mr. Walcott which terminated fatally, some months since, at the Massachusetts General Hospital. His was doubtless a case of *erythema tuberculatum*; whereas, the one whose history I have now presented, is an instance of *erythema tuberculatum et edematosum*. That both had a perfect unity of elementary type, is to my mind as certain as it is that the sun yields to us the light of day. The gross, outward appearances of the two, so far as relates to all the important diagnostic features, were essentially the same. I am furthermore able to say, that so far as the testimony of the microscope is entitled to confidence, the two cases, in all their minutiae, were the same also. In the case I have related, no tubercular deposition took place subjacent to the skin. In the one at the Hospital, tubercles of different sizes were found implanted among the tissues underlying the derma; some being buried quite deeply beneath the muscles. But wherever they existed, whether upon the skin or below it, and whether large or small, they were identical in substance in both patients.

Dr. James Jackson saw Mr. Walcott before he went to the Hospital, and also afterwards. He likewise saw Mrs. Capen with me

a few weeks before she died. On our return home from South Boston, I asked him if he was ready to express his opinion. He replied in the affirmative, and added: "I think this woman's case is substantially the same as Mr. Walcott's, and your views are undoubtedly correct."

Elliotson, in his "Principles and Practice of Medicine," has more extended remarks upon erythema tuberculatum than any other author with whom I have met; and I trust the Society will allow me to call their attention to a few extracts from his work:

"If there be small papulæ, it is designated erythema papulatum. If instead of papules, you have slightly elevated tubercles, it is called erythema tuberculatum. If you have large lumps, it is then designated erythema nodosum. Now and then, instead of lumps, you have tubercles in the common acceptation of the word. \* \* \* This affection, as I just now said, is called erythema tuberculatum. \* \* \* The tubercles are like peas. It is worth knowing, because patients die when they have it. \* \* \* I mentioned to you that in one variety of this affection there was great redness of the skin, with hard lumps; not so large as in erythema nodosum, but small lumps about the size of peas, or smallpox pustules. This is a state of the parts which I have never seen but once; and then I confounded it with erythema nodosum, and thought nothing of it, imagining that I could cure it. The lumps had no sooner disappeared than the man became paralytic, and then hectic, and died in an extraordinary way with symptoms of various diseases. I was not then sufficiently aware of the distinction between erythema nodosum and erythema tuberculatum; but Willan says he had seen but three cases of erythema tuberculatum, and all of them proved fatal. Two of his patients died of hectic, just as mine did, and one died of subsequent hydrocephalus. My patient died hectic, and if he was not hydrocephalic, he had affection within the brain, for he was paralytic. \* \* \* The treatment, I presume, would be the same as for erythema nodosum; bleeding to a certain extent and colchicum. I gave it to this man, but to my astonishment he did not get well.

"Of course this disease does not give rise to paralysis or hectic; but I presume it is one which only takes place in constitutions which are exceedingly bad—which are strongly disposed to some internal disease, and when the patient is on the eve of laboring under it. When you see patients with red patches on the skin, of this description, and with scarcely any complaint, you may be sure the affection is erythema or roseola—call it whichever you please. Now and then you have it very troublesome in females, and with lumps; and now and then you have the tubercular form, which is usually the prelude to a severe and fatal complaint."

Willis, in his "Illustrations of Cutaneous Diseases," says:

"Instead of appearing in broad patches, with little or no elevation of surface, as in erythema simplex, erythematous inflammation occasionally appears concentrated in isolated points of a rounded or oval form, of a very vivid color, and raised like papulæ above



the general level, or otherwise a number of these papulae are developed in the vicinity of each other, and becoming connected by their margins, or associated by the meeting of the inflamed rings around their bases, they form irregularly tuberculated patches of the size of a half-penny, penny or crown-piece. The disease is distinguished in the first instance as erythema papulatum, in the other erythema tuberculatum."

In regard to the different colors exhibited in this disease, Prof. Wilson says: "Upon the dispersion of the redness, the skin retains for some days a purplish and bluish tint, and the epidermis exfoliates in the form of a furfuraceous and laminated desquamation. \* \* \* The peculiarities of color observed in the disease under consideration are explained by reference to the general principles of inflammation. During the period of excitement the blood is of a bright red color; it courses rapidly through the part, and the vessels become dilated. After the subsidence of the excitation, the stream of blood flows languidly through the dilated vessels and assumes a venous character through its course. Hence the bright red tint of the early periods of erythema, and its purplish and livid hue during the subsequent stages."

I could cite other authorities; but I consider that the chain of evidence on which I rely to sustain my views in the matter of diagnosis is already complete. I know of no link, no symptom, no fact, that is wanting. And, I can truly say, in conclusion, that my opinion in the premises is not the result of impulse or haste.

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#### FIBRINOUS CLOTS FOUND IN THE HEART POST-MORTEM.

[Dr. HENRY CADY, of Monson, Mass., recently sent to us the following account, accompanied by the specimen.]

"The heart was taken yesterday (March 2d) from the chest of a female child, 11 years of age, and who died very suddenly, after a week's illness, from what appeared to be acute inflammation of the serous membrane diffused throughout the chest (there was no cough), as well as the superior portion of the abdominal viscera. On *post-mortem* examination, it was found that the marks of inflammation were strongest on the costal pleura, the pericardium and the pulmonary pleura of the left side. The anterior surface of the liver and the external membrane of the stomach showed fainter marks. The mucous coat of the stomach showed slight traces of inflammation.

"Vomiting was a prominent symptom from the outset of the disease until death, which took place on the 7th day after the seizure. I send the specimen as nearly in the condition in which it was found as practicable. On opening the ventricles, the bodies you will observe, were found, covered with dark coagula. The right one you will find attached to the left wall of the ventricular cavity. The left hand body, you will perceive, is vermiform; the large end passed

through, as far as it could go, into the aorta, the larger end resting near the apex. I cannot say whether this was attached or not. If it were attached, it was accidentally separated in removing the superincumbent coagulum."

[The heart above referred to was shown at the last meeting of the Society for Medical Improvement, by Dr. Jackson, who thought that the clots had every appearance of having been formed after death. There was disease enough elsewhere to explain the death; and there was nothing in Dr. C.'s report of the case to show that the heart was especially affected. Dr. J. remarked further upon the cases published by Dr. C. in this Journal, on the 10th of last January ("Fibrinous Bodies found in the Heart after Death"), that the clots in those also were formed after death, so far as he could judge from the report. It is true that in two of these cases there was no satisfactory cause for death found; but so it is very generally, according to Dr. J.'s experience, in the convulsions of childhood; still there were no symptoms referrible to the heart.]

#### ASCARIS LUMBRICOIDES.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—If you think the following worth printing, it is at your disposal.

I was called to see a child of Irish parents, poorly clothed and coarsely fed, and from the symptoms present, and the history of the case, as given by the mother, I diagnosticated worms. I ordered pink-root and senna, but in a few days was called again; the medicine had operated on the bowels well, but brought away no worms. I still believed my diagnosis correct, and ordered dolichos pruriens ℥ ij., molasses ℥ iij. Dose, a teaspoonful, three times a day, and continue for three days. The child was seven years old. The first day, five lumbricoides were passed; the second day, fourteen were passed; and the third day, eleven were passed. The fourth day, I gave a cathartic of senna, and the child passed nine more, making the number, in all, *thirty-nine*, varying in length from eight to fourteen inches. I counted them and measured them myself. The child has been steadily improving since. She had been delicate for about a twelvemonth previous to my seeing her.

Yours truly,

ISRAEL N. SMITH, M.D.

Haverhill, Mass., April 3d, 1856.

*Anæsthetics in the Austrian Army.*—A circular has recently been issued, ordering that, in future, the army medical officers shall always employ, for the purpose of inducing anæsthesia, a mixture consisting of one part chloroform and nine parts ether, this being the proportion long employed by Dr. Weiger, a Vienna dentist.—*N. Y. Medical Times.*

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION. BY  
W. O. BROWN, M.D., SECRETARY.

JAN. 7th, 1856.—*Disease of the Heart.* Dr. COLLINS reported a case of death from ossification of the tricuspid valves, and exhibited the specimen. The subject was an Irish boy, 17 years of age. It was remarked that ossification of the valves was unusual in one so young.

*Phthisis ; Rapid Death.* Dr. J. MAURAN reported a case of rapid death from phthisis pulmonalis. The patient was 29 years of age, and was the mother of a child at her breast. Dr. M. saw her some two months before her death ; she then had marked evidence of tubercular disease of the right lung. Cordials and a supporting diet were prescribed. About six days before her death, there was a rupture of one or more abscesses into the bronchial tubes, followed by profuse purulent expectoration. After this, she sank rapidly. Death occurred within four months from the incipency of the disease. Dr. M. remarked it as peculiar that death took place, in this instance, without any appearance of *aphtha*.

*Case of Dropsy.* Dr. Mauran also reported a case of dropsy (anasarca), in a female aged 60 years. No satisfactory cause could be assigned. The patient was left one night with the abdomen and lower extremities enormously distended, but on visiting her the following morning, to his great surprise, the effusion had entirely disappeared. She had discharged by the urinary organs, during the night, some four gallons of fluid. The tissues presented a surprisingly flaccid appearance. The effusion did not recur, and the patient recovered completely.

*Percussion-cap lodged in front of Eye for Six Months ; Sight recovered.* Dr. C. W. PARSONS reported the case of a young man, residing in the town of Foster, who had the front of the eye wounded by a percussion-cap exploding. The attending physician treated the inflammation which ensued by bleeding, leeches, &c. Dr. P. saw him about a fortnight after the injury. There was then great conjunctivitis of the globe, the cornea was opaque, with yellowish-white infiltration, in more than the lower half ; the iris was discolored. Advised leeching, belladonna ointment, scarification of conjunctiva of globe, and mercurials. Seventeen days later, a month after the injury, he came into the city for treatment. The conjunctivitis was lessened ; opacity of cornea had extended ; there was increased prominence of the cornea, zonular injection, great circumorbital pain. Under the steady use of treatment such as that advised at the first visit, the cornea was partially cleared, and it became evident that the pupil was quite irregular, the iris discolored, and there was effusion of pus in the anterior chamber. There was still a considerable thickening and opacity at inner and lower side of cornea, extending somewhat over the sclerotica. He had subsequently a severe relapse, and a moderate attack of iritis in the other eye. He left the city, after about five weeks of treatment, with the opacity and thickening of cornea before described, the sight much impaired, the conjunctiva of globe somewhat injected, but inflammation mainly subdued. About six months after the injury, he stated that the eye was still not of much use, becoming inflamed on slight occasions. A minute metallic point was then found, projecting from the opaque and thickened place, and after a few days of further observation, Dr. Parsons succeeded in dislodging the metallic substance. Great pain and lachrymation followed, and on re-opening the eye, the bit of percussion-cap was found floating on the inner sur-

face of the lower lid. It measures three-sixteenths of an inch long, and had been in the eye one day less than six months. The eye rapidly improved; and now, more than a year after the removal of the bit of metal, the eyesight is scarcely impaired at all, though the pupil is somewhat elliptical.

*Pericarditis, complicated with Pleuro-pneumonia.* Reported by Dr. F. H. PECKHAM. Specimen exhibited.

A. E. Spencer, aged about 30, was admitted at the Marine Hospital of this city, Oct. 13th, 1855, for dysentery. He was much emaciated, looked pale and sallow, as though he had had Panama fever. He was readily relieved of his dysentery, but suffered from irregular paroxysms of intermittent fever, till about the 20th of November, when he was taken with what was diagnosed as pleuro-pneumonia of the right side. His symptoms were—chills, fever, cough with viscid and rusty-colored expectoration, difficult respiration, and severe pain in the right side. Pulse, about 110, regular and not very full; tongue covered with a dark-yellowish fur. Dulness on percussion, and mucous or subcrepitant râle throughout the right lung. Most of his symptoms became aggravated until the 30th, when he died.

*Autopsy*—36 hours after death. The body was considerably emaciated, otherwise there was nothing external worthy of note. Upon opening the thorax, recent, partial, pleuritic adhesions were found on the right side, and an old cicatrix on the upper lobe of the right lung, and complete hepatization throughout this lung. But the left lung was entirely healthy. Upon puncturing the pericardium, about 4 oz. of serum escaped; extensive inflammation of the pericardium was found, and abundant partially-organized *liquor sanguinis*, presenting the cellular appearance of two layers of soft butter on two pieces of board, having been put together and then separated. This was the best morbid specimen of pericarditis that we have ever seen.

The point of interest in this case was the obscurity of the cardiac trouble. There was no pain, oppression, or uneasiness in the region of the heart; no palpitations or irregularity of the pulse; no dyspnoea, more than could be attributed to the lung difficulty; and no faintness, restlessness, or oedema. Perhaps the *to-and-fro* sound might have been heard had it been listened for at the right time, and slight increased dulness might have been detected over the region of the heart.

FEB. 4th.—*Cartilaginous Transformation of the Mitral Valves, with Dilatation of the Left Auricle and Ventricle.* Specimen exhibited by Dr. W. O. BROWN.

A. E., aged 23 years. Has for a few years past led a dissolute life. Says she has had "disease of the heart," from childhood, attended with palpitation on walking quickly, or on active exertion. Had an attack of rheumatism when about 15, but not very severe. Has been sick now (Dec. 20th, 1855), about four weeks, mostly confined to the bed. The symptoms at this time were, a tumultuous, but very irregular, motion of the heart. No distinct valvular, or friction, sounds to be heard. Pulse at wrist, very irregular, small, and weak—not to be distinctly counted. Great dyspnoea, and complains of oppressive pain in the region of the heart. Appetite pretty good; bowels regular; menses semi-monthly; face flushed.

Under the use of calomel and opium, with repeated blistering over the heart, she was so far relieved, as at the end of a week to insist on rising from the bed. She sat up a large portion of the day, for several days, walked about the room, and expressed herself as very comfortable. This improvement lasted for about a week, when the former symptoms recurred,

and remedies appeared to afford but little relief. On the 8th of January, the dyspnoea, and pain in the region of the heart, were very severe. The extremities were cold, and the legs ecchymosed in places. Pulse scarcely perceptible at the wrist. She rallied somewhat under the use of stimulants. On the 10th, passive hemorrhage commenced from the mucous membrane lining the mouth, and continued in a steady succession of drops during the day. She died on the 11th, about 3, A. M.

*Autopsy*, 13 hours after death. Nothing markedly unusual, externally, on inspection.

On laying open the thorax, the right lung collapsed but slightly; it was firmly adherent to the pleura throughout nearly its whole extent. It was highly congested, owing mainly to compression from the dilated heart. The left lung was also firmly and extensively adherent to the pleura; it was joined so firmly to the pericardium as to require the aid of the knife to separate it. The heart extended much beyond its normal limits, and as it lay in the pericardium, presented the appearance of being greatly hypertrophied. The pericardium was dense and firm, but presented no appearance of a recent effusion of lymph on its inner surface; it contained about four fluid ounces of pale straw-colored fluid. There was but little effusion into the cavity of the thorax. On removing the heart, the right auricle and ventricle were found empty, and comparatively healthy. The semilunar valves also were healthy. The left auricle was found dilated, so as to contain, perhaps, five fluid ounces; it was filled with conglum. The left ventricle would also contain about four ounces. The mitral valves were thickened, and converted into cartilaginous or osseous tissue. The chordæ tendinæ were enlarged, and transformed into cartilaginous tissue throughout nearly their whole length, producing patency of the mitral valves. The liver and spleen were both congested. The other organs were apparently healthy.

In this connection it may not be inappropriate to recall Dr. Hervey's memoranda for "Diagnosis of chronic heart disease," designed to be written on a card and carried in the pocket.

## ON ONE SIDE OF THE CARD.

"*Bruit* :—If *systolic*, and loudest at base, indicates *aortic obstruction*. Loudest at apex, mitral *insufficiency*.

"*Bruit* :—If *diastolic* and loudest at base, indicates *aortic insufficiency*. Loudest at apex, mitral *obstruction*."

## ON THE REVERSE SIDE OF CARD.

"*Pulse* :—If *regular*, strong, or full, jerking, or resilient, indicates

"*Pulse* :—If *irregular*, intermittent, unequal, soft, small, weak, indicates

*Aortic disease.*

*Mitral do."*

See *Braithwaite's Retrospect*, Part xxx., p. 55.

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## THE VACCINE AGENT AT RICHMOND, VA.

WE have lately received an official document of the State of Virginia (No. LXXV.), being a message from his Excellency Governor Wise, "relative to the conduct of the Vaccine Agent" for that State.

After a careful perusal of this paper, which is composed chiefly of letters, and occupies 48 pages, we are glad to give our opinion wholly in favor of Dr. Arthur E. Peticolas, the agent, and our reasons for so doing.

It is truly a most serious matter, from beginning to end—and indeed, for aught we know, the end may not be yet. The action of the Executive has been very prompt and appropriate, and if he will only continue his wholesome supervision and place the whole subject prominently before the Legislature, with the facts of the case now in hand, as his most unanswerable arguments, we believe that not only will the State of Virginia be safe from such deplorable accidents hereafter, but that the proper and imperatively demanded facilities for unlimited vaccination will be supplied. In fact, every community should be thus legislatively aided in protecting itself against a loathsome and desolating disease. Physicians are, *generally*, active and generous in supplying the means of vaccination; thus open-handed dealing in the profession secures the community. Moreover, the appeal of every legally constituted agent, to have at least a *portion* of vaccine matter returned to him, which practitioners may have derived from him originally, should never be neglected from mere indolence or culpable forgetfulness. It would appear that this has been too much the case in Virginia, and to this, in part, may the lamentable occurrences which have lately taken place there, be attributed. Let there be a reform on that point, among others, for humanity's sake!

The facts in the case of Dr. Peticolas are briefly these. There had been cases of smallpox in the town of Barhamsville, New Kent County, Va., and certain citizens were vaccinated, by competent physicians, with virus received from him and which he acknowledges having transmitted. These persons, or most of them, became very ill, and had either genuine or modified smallpox, according as they had, or had not, been previously protected. From one of the letters in the document, addressed to the Governor, we learn that, up to the date thereof, "some fifty persons have been inoculated, and the sufferings of some are intense." Naturally enough, the people were loud in their complaints, and, quite as naturally, vented their indignation upon the agent. Not, however, with justice, as we believe even the sufferers themselves would allow, upon a cool examination of the whole matter.

And first, the well-known high and honorable character of the vaccine agent at once annuls even the suspicion that any reckless act was committed by him for the sake of *saving* or *making* money. There is quite abundant evidence that he was very cautious, in selecting virus, as to the subjects from whom it should be taken. We have testimonials from reliable individuals that Dr. Peticolas rejected several specimens, and refused to accept virus taken from the arms of children at the Richmond alms-house, doubting their perfect health; that he gladly paid for matter guaranteed to be genuine, and that, too, at a time when great demands for a supply were constantly made upon him, and such purchases (as always when necessitated) were to be made from his own pocket—in other words, to the marked diminution of the moderate salary allowed him for the performance of duties which must be very onerous.

Secondly, consider what is demanded of the agent: "The law [Virginia] creates two vaccine agents; one to reside in Richmond, the other in Lewisburg. The former receives five hundred dollars per annum; the other three hundred. In consideration of the aforesaid sums of the people's money, these gentlemen are expected to furnish to all who may apply for the same, genuine vaccine virus, *gratis*. Our readers will please remark, that, as no allowance is made by the Government for the purchase of virus, all such purchases must be made out of the pockets of the agents."—(*Document*, p. 25.)



It will be seen, then, that virus must sometimes be bought, and this happens the more frequently, from the fact that many, who are gratuitously supplied by the agent, neglect to return to him any of the new crop which they have raised in their own circle of practice; an inexcusable and ungrateful carelessness, to say the least, and also an element for future difficulty. A letter from Dr. F. H. Deane, the predecessor of Dr. Peticolas in office, gives him valuable exonerative testimony. He well remarks, "there is no method or mode that I am aware of by which he (i. e., the agent) can effectually protect himself from imposition. If smallpox virus instead of vaccine be sent to him, how is he to ascertain the fact? He cannot find out the difference by sight, and I doubt whether it could be done by chemical analysis."—(*Document*, p. 41.)

Governor Wise very properly sent an experienced physician, Dr. W. A. Patteson, to investigate this unfortunate affair, thoroughly, and report to him. This report covers five closely-printed pages, and every case stated to be either varioloid or variola was investigated, and the following conclusions, which we give nearly in Dr. P.'s own words, were arrived at, viz. :—

That smallpox appeared naturally in New Kent about the second week in January.

The families reported on by Dr. Patteson had had no intercourse with the first subjects of smallpox in the said county.

Reasoning from consequences to causes, the cases of varioloid and smallpox examined by Dr. Patteson were distinctly referrible to the use of the matter received from the vaccine agent.

Dr. Patteson concludes by saying that he suspects the crusts sent to the practitioners of Barhamsville must have been taken from "some patient who had been exposed to the contagion of smallpox, in whose blood the disease was incubating when he was vaccinated"; that the variolous affection was sufficiently matured to modify the vaccination, and that results such as have been narrated might well arise from the use of the matter or the crust from such a patient. Such crusts, he adds, are not distinguishable from genuine crusts by any known law, except trial. The concluding words of Dr. P.'s report are so significant, and so fully exonerate Dr. Peticolas from blame, that we append them.

"The agent must have become possessed of some crusts of modified virus, from his sources of supply, other than his own rearing.

"His frank letter to you [i. e., to the Governor] clearly shows the impossibility of answering the public demand for virus in the time of panic, from cropping under his own observation alone, and therefore the possibility of mistake.

"There are no other modes of supply known, than those to which he has had recourse, in times of panic.

"I do not see that he has been guilty of any neglect or mismanagement in the discharge of his public duty."

What, then, are the conclusions in regard to this unfortunate accident—for as such we regard it?

That, to all appearance, it happened, as Dr. Patteson has said, by using a modified crust from some one in whose system variola was lurking when vaccinated; that this crust was taken in good faith and transmitted to the vaccine agent, who of course distributed it in similar good faith, and is consequently wholly innocent of blame as regards the direful results. What are the remedies against the recurrence of such accidents? 1. Relieve the agent, if possible, from the necessity of *buying matter at all*. 2. In order

to do this, adopt some *law*, by which physicians who receive virus, *gratis*, shall be *obliged* to make a suitable return, in virus properly collected from their own patients, and by themselves. 3. If ever necessary to *buy* virus, forbid its reception from those who, through ignorance, or possible mercenary motives, would be reckless as to the source from whence they procured it.

Under these, or similar, regulations, any accident would become exceedingly rare—infinitesimally improbable. Supposing individuals to be found, so fiendish as to collect and sell the crusts of genuine variola (a thing hardly possible), they would thus be prevented from disposing of it. Medical men alone should be the channels for the transmission of vaccine virus, in every community; and in order to safety and complete distribution thereof, they should have the fullest aid which legislative action can afford. In this way, and by the continued co-operation of physicians, willing, and feeling it a *duty*, to be active in a matter of such vital importance, the people will be preserved from danger, and no more unfounded accusations be laid upon an upright and faithful public servant.

We have within a few days learned that certain individuals, bearing the insignia of our profession, have been both stupid and malicious enough to circulate, in certain daily papers at the South, derogatory opinions relative to Dr. Peticolas, at a time when he most needs the honest defence and kind sympathy of his brethren. This procedure has so much of the ill savor of low and interested detraction about it, that all high-minded men must look upon it with utter contempt. Dr. Peticolas has been open, manly and dignified in his course, and deserves the treatment belonging to a gentleman. We are sure that justice will be accorded to him.

#### FEMALE MEDICAL COLLEGE.

A BILL before the House of Representatives "to change the name of the Female Medical Education Society to New England Female Medical College, and to reorganize the same," came up for discussion last Saturday. Mr. CHARLES HALE, of Boston, opposed the bill in an able and eloquent speech, exposing the careless way in which it had been drawn. It proposes to create a close corporation, without any reserve visitatorial power. The seven trustees of the Society are authorized to add thirteen to their number, and the twenty are then to continue themselves by new elections forever! Moreover, the State has already donated *fifteen thousand dollars* to this establishment, and there is no provision for any participation now or hereafter by the legislature in its management, or for any supervision or control in case of abuse. He also objected to the power given to the trustees to confer the degree of Doctor of Medicine. Mr. POLLARD, of Taunton, said that the bill was not exactly what the petitioners asked for; that they proposed to give to five of the trustees, members of the State Government, an absolute veto power over the doings of the College, but the committee thought the plan would meet with objection. He contended that it was perfectly proper that the State should grant degrees.

Mr. Hale replied that the Legislature should at any rate have a reserve of power. He urged other objections to the bill; among them, that it contains no provision requiring the corporation to apply their funds to the purposes of education, so that if they choose, the trustees may, at some future day, make their office a money-making affair. He moved that the bill be indefinitely postponed.

Mr. WILKINSON, of Dedham, also opposed the bill, which was recommitted.

We commend the arguments of Mr. Hale to the consideration of members, and invite attention to the clear and decisive arguments on the subject of female physicians, contained in a communication to this Journal, in the last number. Fifteen thousand dollars are donated to the chimerical project of making female doctors. When will the State extend a helping hand to the Massachusetts Medical College?

#### SUFFOLK DISTRICT MEDICAL SOCIETY.

THE annual meeting of this Society was held in the new hall of the Massachusetts Medical Society, in the Perkins Building, Temple place, on Wednesday, April 2d, at 4 o'clock. An unusual number of members (upwards of 70) were present. The following officers were elected. *President*, Walter Channing, M.D. *Vice President*, Henry I. Bowditch, M.D. *Secretary*, Luther Parks, Jr., M.D. *Supervisors*, John Homans, M.D., Silas Durkee, M.D. *Censors*, Phineas M. Crane, M.D., Charles G. Putnam, M.D., W. E. Coale, M.D., W. W. Morland, M.D., H. W. Williams, M.D. *Councillors*, Drs. Jacob Bigelow, George Hayward, Ephraim Buck, John Jeffries, John Ware, Marshall S. Perry, A. A. Gould, Chas. H. Stedman, Winslow Lewis, Henry I. Bowditch, Charles Gordon, Charles Chase (Chelsea), Charles E. Ware, Phineas M. Crane, Horace Dupee, John Homans, J. B. S. Jackson, D. Humphreys Storer, A. A. Watson, Ezra Palmer, Jr., Henry Dyer, George Bartlett, N. B. Shurtleff, J. Mason Warren, Henry G. Clark, Geo. A. Bethune, James Ayer, John Flint, Charles G. Putnam, John B. Alley. Drs. Buck, Warren and Alley declined a re-election as president, vice president and secretary.

The large attendance and the interest manifested at this meeting, indicate that the members will be disposed to avail themselves of their excellent quarters, and make the monthly meetings for medical improvement a source of enjoyment and profit to themselves, and of benefit to the profession.

#### ERYTHEMA TUBERCULATUM ET OEDEMATOSUM.

WE would ask the attention of our readers to the very interesting and minutely described case bearing the above title, which will be found to-day in our pages. The affection is confessedly rare, and we are therefore the more gratified to be able to place this instance upon record. The long familiarity of the reporter with cutaneous affections, and his eminent success in their treatment, impart great value to his opinions; and the thorough research he has made upon the present subject will appear very distinctly on the perusal of the article. It will be observed that Drs. James Jackson and H. G. Clark, who were called in consultation, fully concurred with Dr. Durkee in his diagnosis.

In our next number we shall publish the case of the late Mr. Walcott, of Salem, who died, at the Mass. General Hospital, a few months since, from a disease substantially the same as that to which this paragraph refers.

*Deaths in Boston* for the week ending Saturday noon, April 5th, 83. Males, 43—females, 40. Accident, 3—apoplexy, 2—asthma, 1—inflammation of the bowels, 2—inflammation of the brain, 1—congestion of the brain, 1—consumption, 18—convulsions, 2—croup, 4—dropsy, 4—dropsy in the head, 4—debility, 1—infantile diseases, 2—disease of the hip, 1—erysipelas, 1—typhoid fever, 2—scarlet fever, 4—epilepsy, 2—disease of the heart, 3—hæmorrhage of the lungs, 1—inflammation of the lungs, 2—disease of the liver, 1—marasmus, 3—old age, 1—palsy, 2—malignant pustule, 1—smallpox, 6—syphilis, 1—teething, 1—unknown, 5—whooping cough, 1.

Under 5 years, 23—between 5 and 20 years, 9—between 20 and 40 years, 30—between 40 and 60 years, 8—above 60 years, 8. Born in the United States, 50—Ireland, 23—British Provinces, 2—Germany, 1.

*Middlesex South District Medical Society.*—At the annual meeting of this Society, held at Waltham, Mass., April 2d, the following officers were elected :

*President*—Dr. Horatio Adams, of Waltham; *Vice President*—Dr. Morrill Wyman, of Cambridge; *Secretary*—Dr. Otis E. Hunt, of Weston; *Treasurer*—Dr. R. S. Warren, of Waltham; *Committee of Supervision*—President, Vice President, Secretary and Treasurer *ex officio*, and Drs. Hosmer and Kittredge; *Councillors*—Drs. Goodnough, Hunt, Richardson, Braun, Braman, Brown, Barrett, Bell and Adams; *Censors*—Drs. Wyman, Hooker, Whittemore, S. Whitney and Hayes; *Delegates to the Amer. Medical Association*—Drs. J. Bartlett, J. Russell, J. W. Bemis, T. Kittredge, J. Wyman, A. Hooker, J. Pratt, J. C. Harris and A. H. Barrett.

Dr. Morrill Wyman read an interesting paper on Intestinal Obstruction, with special reference to the Treatment. A copy was requested for publication in the Boston Medical and Surgical Journal.

*Our Medical Commencements.*—The first in order was that of the New York Medical College, which was held on the 4th ult., at which the valedictory address was delivered by Dr. D. M. Reese. Degrees were conferred on thirty-two, and honorary degrees on three. Prizes were also awarded to Dr. E. M. Deey, of New York, for a thesis on Epilepsy, and Dr. Benjamin Lee, of Delaware, for one on the Mechanics of Medicine; money for prizes for this purpose, to be awarded on this occasion, having been given by Dr. G. Van Arcken, of Central America, himself a recent graduate of the Institution.—The next was that of the University Medical College, which took place on the 8th ult., when the address to the class was delivered by Prof. J. T. Metcalfe. The number of graduates amounted to ninety-seven. Honorary degrees were conferred upon six, including Dr. Rilliet, of Geneva, and Dr. Barthez, of Paris. Certificates were also given to thirty-four young gentlemen, for having attended diligently extra courses of lectures, in addition to those required for examination for a diploma.—That of the College of Physicians and Surgeons was held at their new building on Fourth Avenue, on the corner of Twenty-third street, on the 13th ult. Remarks were made on the occasion by Dr. A. H. Stevens, formerly President of the College, and the address delivered to the graduating class by Dr. Thomas Cock, the successor of Dr. Stevens in that office. The number of graduates was thirty-nine. The full attendance upon them all, evinced the interest felt in their behalf, both by the profession and the community.—*New York Medical Times*, April 1.

*Child's Hospital.*—This Institution is about to be opened under the government of the Directresses of the "Nursery for Poor Children." A small building, presented by the New York Hospital, has been placed on the ground bounded by Sixth Avenue and Fourteenth and Fifteenth streets, capable of accommodating forty patients.—*Ibid*.

*St. Luke's Hospital.*—A bequest of \$10,000 has been left to this charity by the late Henry Parish, Esq., of this city.—*Ibid*.

The prize of \$100, of the N. Y. Academy of Medicine, for the best essay on "Cholera Infantum," was awarded to Dr. James Stewart, author of a "Treatise on the Diseases of Children;" and we learn, with pleasure, that the entire amount was generously donated by him to the Child's Hospital, about to be opened by the Managers of the Nursery for the Children of the Poor.—*Ibid*.

*Prevalence of Typhus Fever in London.*—It is not without concern that we notice the great prevalence of typhus fever at present in the metropolis. The London Fever Hospital is crowded with patients, and many cases have assumed the worst and most fatal character, notwithstanding the great sanitary advantages of this establishment. If the number of typhus cases in the hospital may be received as an indication of the amount of the same disease outside the walls, a very serious epidemic must, at the present moment, be raging around us, and we have no doubt that such is the case. The appearance of a few fatal cases of cholera would frighten the island out of its propriety, and yet the ravages of typhus fever, a disease nearly as fatal, causes but little attention. The causes of cholera and typhus fever are much the same, and our sanitary arrangements must be very defective to harbor such diseases among us; for experience has pretty clearly proved that both are owing to preventible causes, and might be extirpated by enlightened sanitary legislation.—*Lond. Med. Times*.